

Franklin County Division of Building Regulations
Chartered by the State of Ohio
APPLICATION FOR ELECTRICAL PERMIT
462-3166

For Office Use Only

Permit Number	Date

Name of Electrician	Address:
Phone Number:	
Name of Owner	Address:
Phone Number:	
Location of Inspection	Township:

Schedule of Outlets								
Location	Ceiling Outlets	Outlets (wall, floor, & base)	Control Switches Boxes or Sections	Meter Outlets & Install.	Change & Install Service	Amperes	Ceiling Fixtures	Side Fixtures
Basement								
1 st Floor								
2 nd Floor								
Pole Barn								
Garage								
TOTAL								

Schedule of Fixtures			
Ranges		Compressors	
Water Heater		Water Pumps	
Furnace		Ovens	
Exhaust Fan		Disposals	
Vent Fan		Dishwashers	
Bath Heaters		Air Conditioners	
Sign		Door Equipment	
Dryer		Misc.	
Welders		TOTAL	

TEMPORARY SERVICE _____
SWIMMING POOL _____

Total Fees: \$_____

In consideration of permission granted _____ do hereby covenant and agrees to construct said work in all respect, in compliance with the National Electric Code of the National Board of Fire Underwriters, the laws of the State of Ohio and all ordinances applying or relating thereto.

Name _____ Owner/Contractor Address: _____